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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 14 1948

# THE STATE BOARD OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 10883

Registration District No. 379 — Primary Registration District No. 3063 — Registrar's No. 851

**1. PLACE OF DEATH:**

(a) County St. Louis
(b) City or town Clayton (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis County Hospital. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution on arrival (Specify whether In this community years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 5881 Highland Avenue. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Arthur Claude Bunt.
3. (b) If veteran, name war None
3. (c) Social Security No. 488-03-9747
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Minnie B. Bunt.
6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased December 31, 1889. (Month) (Day) (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 58 | 3 | 30 | hr. min. |

9. Birthplace (City, town, or county) England. (State or foreign country)
10. Usual occupation Roofer Contractor.
11. Industry or business
FATHER
12. Name John Bunt.
13. Birthplace (City, town, or county) England. (State or foreign country)
MOTHER
14. Maiden name Elizabeth Flamank.
15. Birthplace (City, town, or county) England. (State or foreign country)
16. (a) Informant Mrs. Minnie B. Bunt.
(b) Address 5881 Highland Avenue.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-2-1948. (Month) (Day) (Year)
(c) Place: burial or cremation Laurel Hill Gardens.
18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.
(b) Address 5966-68 Easton Avenue.
19. (a) 4-1-48 (Date received local registrar) (b) Cecil A. Sharp MD (Registrar's signature) MSA

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month March day 30th. year 1948 hour 8 minute 15 A.M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death broken neck and internal chest injuries suffered after falling from a roof to a concrete areaway. — Duration

Due to 186

Other conditions 38 (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence March 30, 1948
(c) Where did injury occur? Overland, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Presentation Church (Specify type of place)
While at work? Yes (e) Means of injury Blunt impact
23. Signature Arnold J. Willmann Coroner
Address Clayton, Mo. Date signed 3/30/48

(Licensed Embalmer's Statement on Reverse Side)

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Clement McNeary

Licensed Embalmer No. 3732

P. O. Address St Louis

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**